



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

NAIC Group Code	00000	(Current Period)	,	00000	(Prior Period)	NAIC Company Code	52615	Employer's ID Number	46-0927995
Organized under the Laws of	Michigan					State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []				
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]				
	Other []				Is HMO Federally Qualified? Yes [] No [X]				
Incorporated/Organized	10/14/1997		Commenced Business		08/01/1998				
Statutory Home Office	853 W. Washington St.				Marquette, MI, US 49855				
	(Street and Number)				(City or Town, State, Country and Zip Code)				
Main Administrative Office	853 W. Washington St.		Marquette, MI, US 49855		906-225-7500				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Mail Address	853 W. Washington St.		Marquette, MI, US 49855						
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)						
Primary Location of Books and Records	853 W. Washington St.		Marquette, MI, US 49855		906-225-7500				
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)				
Internet Web Site Address	N/A								
Statutory Statement Contact	Regina Bergh				906-225-7500				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	rmbergh@uphp.com				906-225-8687				
	(E-Mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Dennis Harold Smith	President	Regina Marie Bergh	Treasurer
James Steven Bogan	Chairman		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	David Barry Jahn	John Joseph Schon	Heather Anne Smith
James Steven Bogan	Charles Edward Nelson	Robert Vincent Vairo	Scott Frederick Pillion
Stephen Robert Embree #			

State ofMichigan.....
County ofMarquette.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Harold Smith President	Regina Marie Bergh Treasurer	James Steven Bogan Chairman
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a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this
10th day of November, 2016

Tanya M. Jennings, Director of Human Resources
October 11, 2019

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	16,084,889		16,084,889	12,418,126
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	9,909,671		9,909,671	3,976,123
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$30,519,555), cash equivalents (\$0) and short-term investments (\$17,489,334)	48,008,889		48,008,889	56,983,651
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	74,003,449	0	74,003,449	73,377,900
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	140,189		140,189	46,904
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,744,563		5,744,563	2,284,263
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$791,750) and contracts subject to redetermination (\$)	791,750		791,750	23,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,594,750		2,594,750	1,439,000
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	227,163		227,163	267,178
21. Furniture and equipment, including health care delivery assets (\$)	618,299	618,299	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	1,595,685	1,595,685	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	85,715,848	2,213,984	83,501,864	77,438,245
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	85,715,848	2,213,984	83,501,864	77,438,245
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaids	1,595,685	1,595,685	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,595,685	1,595,685	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	42,613,929		42,613,929	34,893,058
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	262,000		262,000	240,000
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	2,323,934
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	5,044,717		5,044,717	382
9. General expenses due or accrued	2,199,341		2,199,341	3,063,121
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,296,500		1,296,500	656,000
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	51,416,487	0	51,416,487	41,176,495
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	2,159,115
26. Common capital stock	XXX	XXX		3,582,870
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	3,582,870	0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	28,502,507	30,519,765
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	32,085,377	36,261,750
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	83,501,864	77,438,245
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ACA Tax.....	XXX	XXX		2,159,115
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	2,159,115
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	422,968	403,679	544,609
2. Net premium income (including \$ non-health premium income).....	XXX	208,524,215	177,571,557	247,763,122
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	134,450	239,400	295,080
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	208,658,665	177,810,957	248,058,202
Hospital and Medical:				
9. Hospital/medical benefits		144,529,583	109,874,335	155,116,701
10. Other professional services		14,247,038	10,591,981	15,476,247
11. Outside referrals			0	0
12. Emergency room and out-of-area		6,416,206	4,861,137	6,800,013
13. Prescription drugs		25,525,016	23,341,194	31,815,270
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15)	0	190,717,843	148,668,647	209,208,231
Less:				
17. Net reinsurance recoveries			272,468	126,667
18. Total hospital and medical (Lines 16 minus 17)	0	190,717,843	148,396,179	209,081,564
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 68,047 cost containment expenses.....		1,134,118	907,244	1,357,156
21. General administrative expenses.....		20,414,315	17,993,910	24,713,442
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	212,266,276	167,297,333	235,152,162
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,607,611)	10,513,624	12,906,040
25. Net investment income earned		267,823	127,547	167,312
26. Net realized capital gains (losses) less capital gains tax of \$		(1,255)	(1,045)	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	266,568	126,502	167,312
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(3,341,043)	10,640,126	13,073,352
31. Federal and foreign income taxes incurred	XXX		0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,341,043)	10,640,126	13,073,352
DETAILS OF WRITE-INS				
0601. Miscellaneous Revenues.....	XXX	134,450	239,400	295,080
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	134,450	239,400	295,080
0701. Miscellaneous Revnues.....	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901.			0	0
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	36,261,749	23,507,265	23,507,265
34. Net income or (loss) from Line 32	(3,341,043)	10,640,126	13,073,352
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets	(892,887)	(966,055)	(318,868)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	57,558	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(4,176,372)	9,674,071	12,754,484
49. Capital and surplus end of reporting period (Line 33 plus 48)	32,085,377	33,181,336	36,261,749
DETAILS OF WRITE-INS			
4701. HICA Tax Adj.....	57,558	0	0
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	57,558	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	207,015,566	176,207,369	247,757,550
2. Net investment income	202,643	187,054	243,566
3. Miscellaneous income	134,450	239,400	295,080
4. Total (Lines 1 to 3)	207,352,659	176,633,823	248,296,196
5. Benefit and loss related payments	182,996,972	133,324,185	194,208,810
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	22,905,461	16,508,118	25,009,495
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9)	205,902,433	149,832,303	219,218,305
11. Net cash from operations (Line 4 minus Line 10)	1,450,226	26,801,520	29,077,891
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,700,445	3,250,000	5,000,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,700,445	3,250,000	5,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,396,572	5,900,738	5,900,738
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	5,933,548	2,906,464	3,976,123
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	1,045	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	12,330,120	8,808,247	9,876,861
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(9,629,675)	(5,558,247)	(4,876,861)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(795,313)	(673,169)	(574,601)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(795,313)	(673,169)	(574,601)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(8,974,762)	20,570,104	23,626,429
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	56,983,651	33,357,222	33,357,222
19.2 End of period (Line 18 plus Line 19.1)	48,008,889	53,927,326	56,983,651

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	47,112	1,241	.0	.0	.0	.0	.0	3,973	41,898	.0
2. First Quarter	46,849	.0	.0	.0	.0	.0	.0	3,871	42,978	.0
3. Second Quarter	47,447	.0	.0	.0	.0	.0	.0	4,265	43,182	.0
4. Third Quarter	47,154							4,275	42,879	
5. Current Year	0									
6. Current Year Member Months	422,968							36,556	386,412	
Total Member Ambulatory Encounters for Period:										
7. Physician	42,226							8,407	33,819	
8. Non-Physician	29,049							11,163	17,886	
9. Total	71,275	0	0	0	0	0	0	19,570	51,705	0
10. Hospital Patient Days Incurred	11,110							3,692	7,418	0
11. Number of Inpatient Admissions	2,878							763	2,115	
12. Health Premiums Written (a).....	208,165,501							33,445,432	174,720,069	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	208,165,501							33,445,432	174,720,069	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	182,996,971							43,844,216	139,152,755	
18. Amount Incurred for Provision of Health Care Services	190,717,843							36,922,030	153,795,813	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 33,445,432

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	6,801,310	37,042,907	91,698	8,041,504	6,893,008	5,651,000
7. Title XIX - Medicaid	25,068,720	114,084,034	802,142	33,678,585	25,870,862	29,242,058
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	31,870,030	151,126,941	893,840	41,720,089	32,763,870	34,893,058
10. Health care receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	31,870,030	151,126,941	893,840	41,720,089	32,763,870	34,893,058

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A) Accounting Practices

The accompanying statutory financial statements of Upper Peninsula Health Plan, LLC (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”). DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	State of Domcilie	30-Sep-16	31-Dec-15
NET INCOME			
(1) Upper Peninsula Health Plan, LLC state Basis (Page 4, Line 32, Columns 2 & 3)	Michigan	\$ (3,341,043)	\$ 13,073,352
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets		\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property		\$ -	\$ -
(4) NAIC SAP	Michigan	\$ (3,341,043)	\$ 13,073,352
SURPLUS			
(5) Upper Peninsula Health Plan, LLC state Basis (Page 3, Line 33, Columns 3 & 4)	Michigan	\$ 32,085,377	\$ 36,261,750
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net		\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home office property		\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	Michigan	\$ 32,085,377	\$ 36,261,750

B) Use of Estimates in the Preparation of the Financial Statements

The estimates used in the preparation of the financial statements conformed to the Quarterly Statement Instructions and Accounting Practices and Procedures manual.

C) Accounting Policy

Reinsurance premiums were netted against premium revenue and pharmaceutical rebates and psychotropic drug reimbursements were netted against pharmacy expenses.

In addition, the Company applies the following accounting policies:

- (1) Short-term Investments – stated at fair value.
- (2) Bonds – stated at amortized cost using the scientific interest method.
- (3) Common Stocks – NONE
- (4) Preferred Stocks – NONE
- (5) Mortgage loans on real estate – NONE
- (6) Loan-backed securities – NONE
- (7) Investments in subsidiaries, controlled or affiliated companies – NONE
- (8) Investments in joint ventures, partnerships and limited liability companies – NONE
- (9) Derivatives – NONE
- (10) Investment income in premium deficiency calculation – NONE
- (11) Claims Unpaid – The claims unpaid liability for incurred but unpaid and unreported claims is accrued in the period during which the services are provided, and includes actuarial estimates of services performed that have not been reported to Upper Peninsula Health Plan by providers.
- (12)Fixed Asset Capitalization – there was no change in the capitalization policy from prior periods.
- (13)Pharmaceutical Rebate Receivables – NONE

NOTES TO FINANCIAL STATEMENTS

Note 2 - Accounting Changes and Corrections of Errors

No material change.

Note 3 - Business Combinations and Goodwill

No material change.

Note 4 - Discontinued Operations

No material change.

Note 5 - Investments

- A. Mortgage Loans – NONE
- B. Debt Restructuring – NONE
- C. Reverse Mortgages – NONE
- D. Loan-Backed Securities – NONE
- E. Repurchase Agreements and/or Securities Lending Transactions – NONE
- F. Real Estate – NONE
- G. Low-Income Housing Tax Credits – NONE
- H. Restricted Assets – No material change.
- I. Working Capital Finance Investments – NONE
- J. Offsetting and Netting of Assets and Liabilities – NONE
- K. Structured Notes - NONE

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No material change.

Note 7 – Investment Income

No material change.

Note 8 - Derivative Instruments

No material change

Note 9 - Income Taxes

No material change.

Note 10-Information Concerning Parent, Subsidiaries, and Affiliates

- A. No material change
- B. No material change
- C. No material change
- D. Affiliate Guarantees – NONE
- E. No material change
- F. No material change
- G. No material change
- H. No material change
- I. No material change
- J. No material change

NOTES TO FINANCIAL STATEMENTS

- K. No material change
- L. No material change
- M. No material change
- N. No material change

Note 11-Debt

- A. NONE
- B. FHLB (Federal Home Loan Bank) Agreements: Not Applicable

Note 12-Retirement Plans, Deferred Compensation, Postemployment Benefits & Compensated Absences, and other Postretirement Benefit Plans

- A.(4) Defined Benefit Plan Net Periodic Benefit Cost: Not Applicable

Note 13-Capital, Surplus, Shareholder’s Dividend Restrictions and Quasi-Reorganizations

- (1) The \$3,582,870 was formerly classified as “common capital Stock”. It has recently been determined this is more accurately classified as “gross paid in and contributed surplus” since the company is a Limited Liability Company (LLC) with member equity interest.
- (2) No material change
- (3) No material change
- (4) No material change
- (5) No material change
- (6) No material change
- (7) No material change
- (8) No material change
- (9) No material change
- (10)No material change
- (11)No material change
- (12)No material change
- (13)No material change
- (14)No material change

Note 14-Contingencies

- No material change.

Note 15-Leases

- No material change.

Note 16-Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

- No material change.

Note 17-Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: NONE
- B. Transfer and Servicing of Financial Assets: NONE
- C. Wash Sales: NONE

Note 18-Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

NOTES TO FINANCIAL STATEMENTS

No material change.

Note 19-Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No material change.

Note 20 – Fair Value Measurements

In general, the Level 1 fair values are established from quoted (unadjusted) market prices in active markets for identical assets and liabilities that the Company has the ability to access.

- A. Fair Value at Reporting Date
1. Fair Value Measurements at Reporting Date – None

2. Fair Value Measurements in Level 3 – None

3. The Company’s policy for determining transfers between levels are recognized and determined at the end of the reporting period.

4. Securities valued at Level 3 – None

5. Derivative assets and liabilities - None
- B. Fair value information disclosed under SSAP No. 100 combined with fair value information under other accounting pronouncements – None
- C. Aggregate Fair Value of all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable Carrying Value
Bonds	\$ 16,063,292	\$ 16,084,889	\$ 15,813,292	\$ 250,000	\$ -	\$ -
Short Term Investments	\$ 17,467,706	\$ 17,489,334	\$ 17,467,706	\$ -	\$ -	\$ -

- D. Not practicable to estimate fair value - None

Note 21 – Other Items

- A. No material change
- B. No material change
- C. No material change
- D. No material change
- E. No material change
- F. No material change
- G. No material change
- H. No material change.

Note 22-Events Subsequent

No material change.

Note 23-Reinsurance

No material change.

Note 24-Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. No material change
- B. No material change
- C. No material change
- D. No material change
- E. Risk Sharing Provisions of the Affordable Care Act: NONE

NOTES TO FINANCIAL STATEMENTS

Note 25-Change in Incurred Claims and Claim Adjustment Expense

Reserves as of December 31, 2015 were \$34,893,058 for unpaid claims and \$240,000 for unpaid claims adjustment expenses. As of September 30, 2016, \$31,870,030 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Claims and claims adjustment expense reserves remaining for prior years are now \$3,023,028. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26-Intercompany Pooling Arrangements

No material change.

Note 27-Structured Settlement

No material change.

Note 28-Health Care Receivables

At September 30, 2016 the identified pharmacy rebates recorded as healthcare receivables are \$0.

A. Pharmaceutical Rebate Receivables						
Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Estimated Pharmacy Rebates for previous 3 months	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
9/30/2016	0	0	0	0	0	92,296
6/30/2016	0	0	0	0	0	453,538
3/31/2016	0	0	0	0	186,048	476,262
12/31/2015	0	0	0	0	80,808	76,046
9/30/2015	0	0	0	0	0	48,192
6/30/2015	0	0	0	0	52,837	99,473
3/31/2015	0	0	0	0	0	83,586
12/31/2014	0	0	0	0	39,388	0
9/30/2014	0	0	0	0	0	53,769
6/30/2014	0	0	0	0	24,540	90,313

B. Risk Sharing Receivables – No material change.

Note 29-Participating Policies

No material change.

Note 30-Premium Deficiency Reserves

No material change.

Note 31-Anticipated Salvage and Subrogation

NOTES TO FINANCIAL STATEMENTS

No material change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/06/2016
- 6.4

By what department or departments?

Michigan Department of Insurance and Financial Services.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$

13.

Amount of real estate and mortgages held in short-term investments:\$

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	\$	\$
14.22	Preferred Stock	\$	\$
14.23	Common Stock	\$	\$
14.24	Short-Term Investments	\$	\$
14.25	Mortgage Loans on Real Estate	\$	\$
14.26	All Other	\$	\$
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Wells Fargo Institutional Trust Services.....	101 W. Washington St., Marquette, MI 49855.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	91.5 %
1.2	A&H cost containment percent	0.0 %
1.3	A&H expense percent excluding cost containment expenses.....	10.3 %
2.1	Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?.....	Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

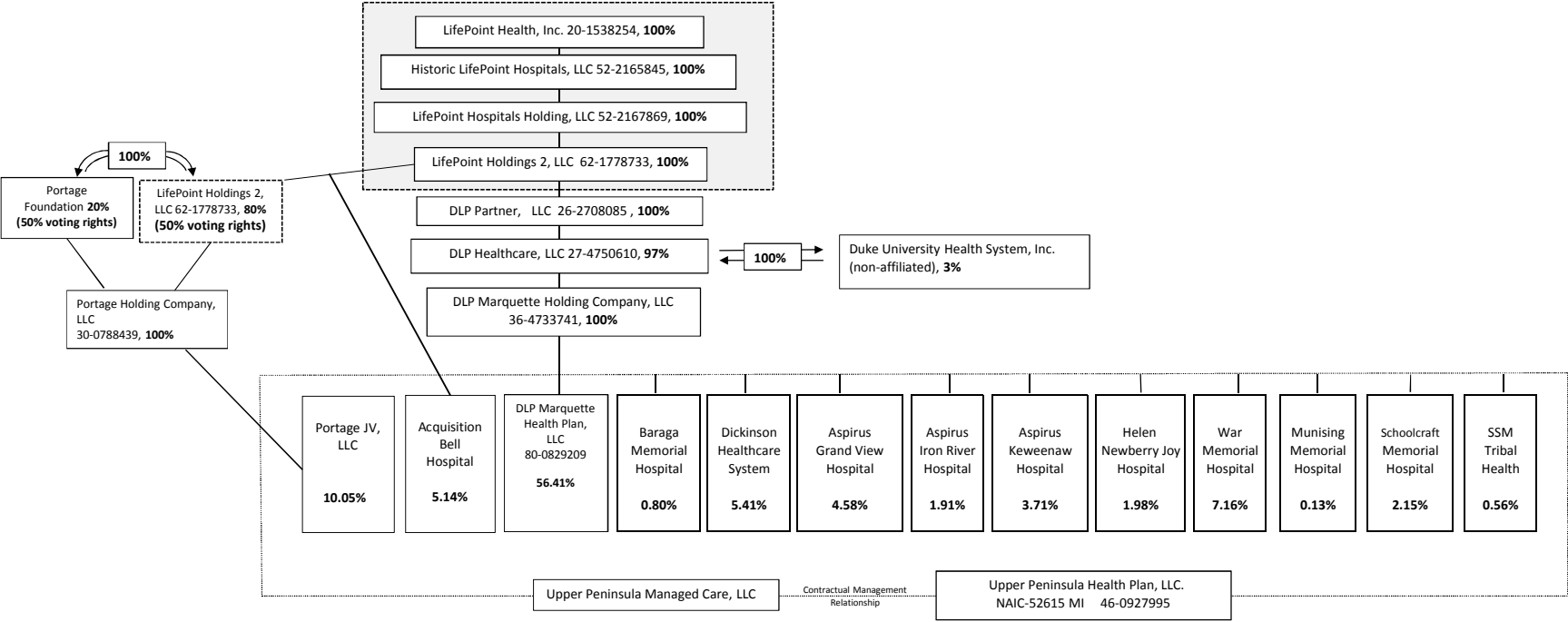
[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
1. Alabama	AL	N						0		
2. Alaska	AK	N						0		
3. Arizona	AZ	N						0		
4. Arkansas	AR	N						0		
5. California	CA	N						0		
6. Colorado	CO	N						0		
7. Connecticut	CT	N						0		
8. Delaware	DE	N						0		
9. Dist. Columbia	DC	N						0		
10. Florida	FL	N						0		
11. Georgia	GA	N						0		
12. Hawaii	HI	N						0		
13. Idaho	ID	N						0		
14. Illinois	IL	N						0		
15. Indiana	IN	N						0		
16. Iowa	IA	N						0		
17. Kansas	KS	N						0		
18. Kentucky	KY	N						0		
19. Louisiana	LA	N						0		
20. Maine	ME	N						0		
21. Maryland	MD	N						0		
22. Massachusetts	MA	N						0		
23. Michigan	MI	L	33,445,432	174,720,069				208,165,501		
24. Minnesota	MN	N						0		
25. Mississippi	MS	N						0		
26. Missouri	MO	N						0		
27. Montana	MT	N						0		
28. Nebraska	NE	N						0		
29. Nevada	NV	N						0		
30. New Hampshire	NH	N						0		
31. New Jersey	NJ	N						0		
32. New Mexico	NM	N						0		
33. New York	NY	N						0		
34. North Carolina	NC	N						0		
35. North Dakota	ND	N						0		
36. Ohio	OH	N						0		
37. Oklahoma	OK	N						0		
38. Oregon	OR	N						0		
39. Pennsylvania	PA	N						0		
40. Rhode Island	RI	N						0		
41. South Carolina	SC	N						0		
42. South Dakota	SD	N						0		
43. Tennessee	TN	N						0		
44. Texas	TX	N						0		
45. Utah	UT	N						0		
46. Vermont	VT	N						0		
47. Virginia	VA	N						0		
48. Washington	WA	N						0		
49. West Virginia	WV	N						0		
50. Wisconsin	WI	N						0		
51. Wyoming	WY	N						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	33,445,432	174,720,069	0	0	0	208,165,501	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	33,445,432	174,720,069	0	0	0	208,165,501	0	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000	Upper Peninsula Health Plan, LLC	00000	20-1538254				LifePoint Health, Inc.	TN	UIP			0.0		0
00000	Upper Peninsula Health Plan, LLC	00000	52-2165845				Historic LifePoint Hospitals, LLC	TN	UIP	LifePoint Health, Inc.	Ownership	100.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	52-2167869				LifePoint Hospitals Holdings, LLC	TN	UIP	Historic LifePoint Hospitals, LLC	Ownership	100.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	62-1778733				LifePoint Holdings 2, LLC	TN	UIP	LifePoint Hospitals Holdings, LLC	Ownership	97.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	62-1778733				LifePoint Holdings 2, LLC	TN	UIP	LifePoint Holdings 3, LLC	Ownership	3.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	46-0927995				Acquisition Bell Hospital	MI	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	30-0788439				Portage Holding Company, LLC	MI	UIP	Portage Foundation	Ownership	20.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	30-0788439				Portage Holding Company, LLC	MI	UIP	LifePoint Holdings 2, LLC	Ownership	80.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	46-0927995				Portage JV, LLC	MI	UIP	Portage Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	80-0829209				DLP Marquette Health Plan, LLC	TN	UDP	DLP Marquette Holding Company, LLC	Ownership	100.0	LifePoint Health, Inc.	1
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	TN		Baraga Memorial Hospital	Ownership	0.8	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	TN		Acquisition Bell Hospital, LLC	Ownership	5.1	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	TN		Dickinson Healthcare System	Ownership	5.4	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Grand View Hospital	Ownership	4.6	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Northstar Health System	Ownership	1.9	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Keweenaw Hospital	Ownership	3.7	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Helen Newberry Joy Hospital	Ownership	2.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Iron River Hospital	Ownership	56.4	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Munising Memorial Hospital	Ownership	0.1	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Portage JV, LLC	Ownership	10.0	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Schoolcraft Memorial Hospital	Ownership	2.2	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	SSM Tribal Health	Ownership	0.6	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	War Memorial Hospital	Ownership	7.1	LifePoint Health, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Upper Peninsula Managed Care, LLC	Management	0.0	LifePoint Health, Inc.	0

16.1

16.1

16.1

16.1

16.1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,976,123	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	5,933,548	3,976,123
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	9,909,671	3,976,123
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	9,909,671	3,976,123

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	12,418,125	11,592,336
2. Cost of bonds and stocks acquired	6,396,572	5,900,738
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease)	(4)	.0
5. Total gain (loss) on disposals	(1,255)	.0
6. Deduct consideration for bonds and stocks disposed of	2,700,445	5,000,000
7. Deduct amortization of premium	28,105	74,949
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	16,084,888	12,418,125
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	16,084,888	12,418,125

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	32,208,459	5,729,789	4,996,707	(71,386)	23,007,290	32,208,459	32,870,155	11,714,057
2. NAIC 2 (a).....	704,068	0	0		704,068	704,068	704,068	704,068
3. NAIC 3 (a).....	0	0	0		0	0	0	0
4. NAIC 4 (a).....	0	0	0		0	0	0	0
5. NAIC 5 (a).....	0	0	0		0	0	0	0
6. NAIC 6 (a).....	0	0	0		0	0	0	0
7. Total Bonds	32,912,527	5,729,789	4,996,707	(71,386)	23,711,358	32,912,527	33,574,223	12,418,125
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	32,912,527	5,729,789	4,996,707	(71,386)	23,711,358	32,912,527	33,574,223	12,418,125

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	17,489,334	XXX	17,587,976	146,429	37,557

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	9,521,310
2. Cost of short-term investments acquired	21,599,706	0
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	4,000,000	9,521,310
7. Deduct amortization of premium.....	110,372	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	17,489,334	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	17,489,334	0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

EO1

[illegible][illegible]

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0